AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

BOOK 7889 PAGE 825

(Executed pursuant to T. C. A. Section 30-2-712, et seq.

From: James Ottis Cramer

To: Wylie Deen Cramer
5144 Hickory Hollow Parkway
Antioch, TN 37013

RE: Land in Davidson County, Tennessee (see attached Exhibit "E".

Property Address: 5144 Hickory Hollow Parkway, Antioch, TN 37013.

AFFIANTS, being first duly sworn according to law, depose and say:

1. That J. O. Cramer and wife, Wylie D. Cramer acquired fee simple title from Katie M. Lasater by deed filed of record in Book 3701, page 315, Register's Office for Davidson County, Tennessee.

2. That J. O. Cramer died testate on January 3, 1989 in Davidson County, Tennessee, where he had resided for the past several years. The decedent was survived by his wife, Wylie Deen Cramer. She is the surviving tenant by the entirety of the aforementioned property and is presently unmarried. J. O. Cramer and James Ottis Cramer is one and the same person. Wylie D. Cramer and Wylie Deen Cramer is one and the same person.

A copy of the document purporting to be the Last Will and Testament of James O. Cramer is attached hereto as an exhibit. It contains the following bequest:
(1) The remainder (after payment of debts of my property both real and personal) go to my beloved wife, Wylie Deen Cramer.

3. The following Exhibits are attached and hereby incorporated by reference as if fully copied herein:
(A) Death certificate of James Ottis Cramer, who died testate on January 3, 1989.
(B) Last Will and Testament of James O. Cramer.
(C) Copies of the paid funeral and burial bills.
(D) State of Tennessee, Department of Revenue non-taxable certificate.
(E) Legal description of real estate.

4. That there are no unpaid debts nor taxes due upon the estate of the deceased.

5. The other personal property of the decedent belongs to the widow by survivorship or by statute.

6. That the real estate of the decedent (described herein) passed to the widow, Wylie D. Cramer as surviving tenant by the entirety.

7. That one of the declared purposes of this instrument is to avoid the expenses of probate and a formal administration of the estates. The parties and affiants also join in the execution of this instrument for the purposes of stating that the above facts are true and for the purpose of inducing the issuance of title insurance on the above-referenced property.

FURTHER, the Affiants saith not.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IS
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

WITNESS OUR HANDS this the 5TH day of July, 1989 at office in said State and County.

BOOK 7889 PAGE 826

Bernice Marie Lawson
BERNICE MARIE LAWSON

Wylie D. Cramer
WYLIE DEEN CRAMER

STATE OF TENN.
COUNTY OF WILLIAMSON

Subscribed and sworn to before me, the undersigned Notary Public on this the 5TH day of July, 1989.

Tom G. Coleman Jr.
Notary Public

My commission expires: 3-2-1992

STATE OF TENN.
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Wylie Deen Cramer and Bernice Marie Lawson, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee this 5TH day of July, 1989.

Tom G. Coleman Jr.
Notary Public

My commission expires: 3-2-1992.

This instrument was prepared by:
Tom G. Coleman, Jr., Attorney
9000 East Church Street
Building B, Suite 102
Brentwood, TN 37027

49484

IDENTIFICATION REFERENCE

JUL 14 3 55 PM '89

30.00

EXHIBIT "A"

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

JAN 18 1989

Fredia S. Wadley, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

BOOK 7889 PAGE 827

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

H 8900069

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JAMES OTTIS CRAMER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 3, 1989
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-9295
5a. AGE - LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): October 25,1910
7. BIRTHPLACE (City and State or Foreign Country): Sedelia, Missouri
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 5144 Hickory Hollow Parkway
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Wylie Lawson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Self-Employed
12b. KIND OF BUSINESS/INDUSTRY: Landscaping
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5144 Hickory Hollow Parkway
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify, if yes:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James B. Cramer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Clydia Mannas

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Wylie Cramer
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5144 Hickory Hollow Pkwy., Nashville, TN. 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Woodlawn Memorial Park
20c. LOCATION - City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jacen D. Hight
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930
21c. SIGNATURE OF EMBALMER: ▶ Robert B. Kay
21d. LICENSE NUMBER OF EMBALMER: 3923
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 689 Thompson Ln., Nashville, TN. 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Brown
24. DATE FILED (Month, Day, Year): Jan. 17, 1989

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Jerry Hagan M.D.
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Keith W. Hagan, M.D.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac Arrhythmia
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Arteriosclerotic Heart Disease
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO: 202-06-002

PH-1059 REV 1/88

RECORDER'S MEMO: Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received.

Exhibit "B"

BOOK 7889 PAGE 828

Oct. Twenty one Nineteen hundred seventy eight

My last Will and testament

I James O. Cramer being over twenty one years of age and of sound mind and also of disposing capability, do here by Make this my last Will and testament, here by revoking any and all other wills made by me. (James O Cramer)

In the event of my death I first request and direct that all my just debts be paid.

Secondly I request and direct that the remainder of property both real and personal go to my beloved Wife (Wylie Dean Cramer) my estate being hers to have, hold use and dispose of in any manner she may deem fit, I also direct and name My Wife (Wylie Dean Cramer) executor of my Estate, directing also that she (Wylie Dean Cramer) be allowed to serve in this Capacity without bond.

In the Event of the death of both my wife and my self, I hereby Request and direct after all my indebtedness has been paid, the remainder of my estate go to and be divided Equally between our Surviving brothers and sisters (Namely) (Ernest N. Lawhon) (Juanita Lowe) (Vernon L. Cramer) (Willie Mae Tate) (Norma Lee Collingsgood)

Also in Event of the death of both my wife and My self. I hereby direct and Name (Juanita Lowe) To be Executor of My estate.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

being able to some without bond, in the
event that (Juanita Lane) at this time is
not Capable of serving in this Capacity as
the executor, I hereby direct and name
(Della Martin) to serve and that she be
allowed to serve Without bond. Now I
(James O Cramer) Thereby agree and declare
this to be My last Will and Testament, and
I being of sound and disposing ability, do
hereby with My own hand sign this
Will into Action

James O. Cramer

RECORDER'S MEMO
Legibility of Writing, Typing or Printing of This
Document Unsatisfactory When Received.

Exhibit "C"

FORM SF 172 PEACHTREE BUSINESS FORMS Atlanta Ga 1 Box 24 4021

BOOK 7889 PAGE 830

5

Woodlawn Funeral Home, Inc.

689 THOMPSON LANE
NASHVILLE, TENNESSEE 37204
(615) 383-4754

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that are used. If we are required by law to use any items, we will explain the reasons in writing below.

If you selected a funeral which requires embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below.

No AE821694

DECEASED James O. Cramer
DATE OF DEATH January 3, 1989
PLACE OF DEATH Residence
DATE OF STATEMENT January 3, 1989

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:		
Services of Funeral Director and Staff	590	
Embalming	275	
Other preparation of body		865.00
2. Facilities and Equipment:		
Use of facilities for viewing/visitation	110	
Use of facilities for funeral ceremony	175	
Other use of facilities		285.00
3. Automotive Equipment:		
Transfer of remains to funeral home	90	
Hearse	50	
Use of limousine(s)		
Other FLOWER VAN	25	
		165.00
4. Other services/facilities/equipment:		
TOTAL OF SERVICES SELECTED		$1315.00

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle)	1075.00
Name/No. H2A	
Material 20 ga. STEEL	
Color MANDARIN BRONZE	
Outer burial container	795.00
Name/No. WILBERT CONTINENTAL	
Material CONCRETE	
Acknowledgement cards	5.00
Register book	20.00
Memory folders/prayer cards	
Clothing	
Cremation urn	
TOTAL OF MERCHANDISE SELECTED	$1895.00

C. SPECIAL CHARGES

☐ Forwarding remains to ☐ Receiving remains from

Immediate burial	
Direct cremation	
Other	
TOTAL OF SPECIAL CHARGES	$

TOTAL FUNERAL HOME CHARGES $3210.00
(This total does not include Cash Advances)

CASH ADVANCES

Certified Copies of Death Certificate
10 @ $ 5.00 each $ 50.00

Clergy	
Musician	
Paid Newspaper Notices est.	80.00
Dist. 9201	
Cemetery	
Other	
FLOWER PALL + TAX	188.56
TOTAL CASH ADVANCES	$ 318.56

SUMMARY

Total Funeral Home Charges	$ 3210.00
Sales Tax, if applicable	$ 108.11
Total Cash Advances	$ 318.56
GRAND TOTAL	$ 3636.67

Less Credits and Prepayments

Unassign. Ins.	$ 1000.00
	$
	$
Total Credits	$
BALANCE DUE ▶	$ 2636.67
Billing To Organist +	35.00
	2671.67
News	12.07
	2683.74

DISCLOSURES

Reason for embalming
FAMILY REQUESTED

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

CEMETERY REQUIREMENT

The only warranty on the casket and outer burial container sold in connection with this service is the express written warranty, if any granted by the manufacturer. THIS FUNERAL HOME MAKES NO WARRANTY EXPRESS OR IMPLIED, INCLUDING AN IMPLIED WARRANTY OF MERCHANTABILITY AND AN IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE CASKET AND/OR OUTER BURIAL CONTAINER.

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and have been offered for review the Casket Price List and Outer Burial Container Price List.

Terms of Payment _____

Full payment is due no later than _____

If any payment is not paid when due, an unanticipated LATE CHARGE of 1.5 % per month (ANNUAL PERCENTAGE RATE 18 %) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement plus any Late Charge in the event I default in payment to this funeral establishment. I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

X Signed Phyllis Cramer Dated

Signed _____ Dated

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By Stacy D. Hight #3930

RECORDER'S MEMO: Legibility of Writing, Typing or Printing Unsatisfactory in this Document When Received.

TENNESSEE DEPARTMENT OF REVENUE

NON-TAXABLE CERTIFICATE

NT 05491

EXHIBIT "D"

BOOK 7889 PAGE 831

MRS. WYLIE DEEN CRAMER
ESTATE REPRESENTATIVE

ACCT. NO. 89-06449

To MR. TOM G. COLEMAN, JR.
ATTORNEY AT LAW
9000 BUILDING B
BRENTWOOD, TN 37027

Estate of:
CRAMER, JAMES OTTIS
DAVIDSON (19)
01/03/89

THIS IS TO CERTIFY that a sworn Return for Inheritance Tax has been filed with this Department by the duly qualified representative of the above named Estate; that investigation has been made of the values placed upon all forms of property set out in the Schedules filed with said Return and found to be correctly appraised, and that, after allowing all lawful debts and other deductions and the statutory exemption applicable thereto, it was ascertained that said Estate was not subject to tax, hence no assessment was made thereon.

As provided in Section 67-8-420, Tennessee Code, this certificate shall be authority for the Probate Court of the County wherein said Estate was administered to permit a final settlement or accounting by the aforesaid representative.

This, the 11th **day of** July, **19** 89.

COMMISSIONER OF REVENUE

By Jerry J. Ellis
Director of Miscellaneous Tax Division

RV-0194 (REV. 5-88)

06-002-0909

t Cramer, Jamie Otis CASE NO. 4/694

OF DEATH Jan 3, 1989 HOUR _____ AGE 78

Bill To Wylie Cramer Relationship Wife

Address 5144 Hickory Hollow Pkwy 832-5551

Nashville, TN 37013 ACCOUNT LEDGER BOOK 7889 PAGE 832

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
1-3-89	Professional Service	1315 00		1315 00
	Casket + 2A 20" Mead Grey	1075 00		2390 00
	Vault-Wilb-Continental	795 00		3185 00
	Lick Cards & Key Book	25 00		3210 00
	(10) Copies D.C.	50 00		3260 00
	Newspaper	92 07		3352 07
	Florist	188 56		3540 63
	Sales Tax	108 11		3648 74
	Organist	35 00		3683 74

Attorney for Estate

Executor/Executrix

Terms

RECORDER'S MEMO
Legibility of Writing, Typing or Printing in this Document Unsatisfactory When Received.

Agreement

ACO1 - Nº 3608

THIS AGREEMENT MADE THIS 3rd day of January 19 89 between WOODLAWN MEMORIAL PARK, INC., hereinafter called COMPANY, and MRS. James O. CRAMER

5144 Hickory Hollow PARKWAY Norwich Tn. 37013

hereinafter called "Purchaser" WITNESSETH THAT: The purchaser agrees to purchase from Company, in accordance with terms hereof, the merchandise and/or Interment space(s) for the exclusive right of interment, and/or services hereinafter enumerated and designated, for which the purchaser agrees to pay to the Company as follows:

☐ INTERMENT
☐ ENTOMBMENT Rights _____ Space(s) in the _____ FLOOR _____ LEVEL

THE ITEMS COVERED HEREBY ARE: BOOK 7889 PAGE 833

Lot _____ Spaces _____ Crypts _____ Niche _____

I. LOTS OR MAUSOLEUM	II. BELOW GROUND CRYPTS	III. MEMORIAL	IV. GRANITE	V. CARE AND INSTALLATION	VI. SALES TAX	VII. OPENINGS AND CLOSINGS
						375.00

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate	FINANCE CHARGE The dollar amount the credit will cost you	AMOUNT FINANCED The amount of credit provided to you or on your behalf	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled	TOTAL SALE PRICE The total cost of your purchase on credit, including your downpayment of
%	$	$	$ 1142	$ 375.00 $ -0-

YOU HAVE THE RIGHT TO RECEIVE AT THIS TIME AN ITEMIZATION OF THE AMOUNT FINANCED.

YOUR PAYMENT SCHEDULE WILL BE:

Number of Payments	Amount of Payments	When payments are due

For: James O. CRAMER - # 1330-3915 - Service 1-5-89
SERMON on the MOUNT - LOT 97-A - Spc. 1

PREPAYMENT: In the event this obligation is pre-paid, the unused portion of the total finance charge shall be computed according to the rule of 78.

PAYMENTS: Payments are to be made to Commerce Union Bank, Chattanooga.

DEED: Upon receipt of the full purchase price, the sale of the interment rights shall be completed and Seller agrees to convey by Deed the right of interment in the above-described interment spaces free and clear of any and all encumbrances, tax obligation, and future assessments but subject to the rules and regulations heretofore or hereinafter established by Seller or the State of Tennessee. Purchaser shall have the right at any time unless in default hereunder to sell or transfer his interest in this agreement. However, such transfer must first be recorded upon the books of Seller before same shall become effective and the transferee shall be subject to all the terms and conditions of this agreement.

PERPETUAL CARE TRUST FUND: Seller agrees to deposit in an irrevocable Perpetual Care Trust Fund at the time of delivery of the Deed of Interment Rights, 20% of the gross proceeds of the sale of interment rights under this agreement in accordance with the laws of the State of Tennessee.

MEMORIALIZATION: The above-described Memorial will be installed at any time after completion of payments at the order of the purchaser.

DEFAULT: Time is of the essence in this agreement and should the Purchaser be delinquent more than 30 days in any of the installment payments hereinabove provided, Seller may, at its option, declare the entire unpaid balance due and payable immediately and enforce by any legal means the collection thereof, together with reasonable attorney fees, court cost, and other charges or declare this agreement cancelled and retain all payments theretofore made by the Purchasers as liquidated damages.

ENTIRE AGREEMENT: This agreement and the note, contain all the covenants and promises between the parties, and no agent representative of either party has authority to modify, add to, or change any of the terms and conditions herein set forth, nor the terms and conditions of receipt of payments. This application shall not become effective until signed by an officer of Seller. Thereafter, it shall apply to and bind and inure to the benefit of Seller, its successors or assigns and the heirs, administrators, executors and assigns of the Purchaser.

RESTRICTIONS AND OTHER COSTS

1. **Rules and Regulations are posted in our office and available for inspection at all times.**
2. **An outer receptacle, crypt, vault, or other permanent type Grave Liner is required for caskets buried below ground.**
3. **Only Bronze Memorials designed for installation at ground level may be used.**
4. **This Contract does not include any funeral merchandise or services.**

"YOU THE BUYER, MAY CANCEL THIS TRANSACTION ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT."

Make deed as follows:

_____

_____
(Please Print)

COUNSELOR Liz Sloan

Purchaser _____

S. S. # _____

Co-Purchaser _____

S. S. # _____

ACCEPTED:
BY _____

Phone: ( ) _____

3. The Land is described as follows:

EXHIBIT E

Land in the 2nd Civil District of Davidson County, Tennessee, described according to a survey made December 7, 1963, by E. Medlin, Surveyor, as follows:

BOOK 7889 PAGE 831

Beginning at a point in the center of Antioch Pike, formerly Cane Ridge Road, said point being the common front corner of the property herein described and the Collins property; shown on said survey; thence along the westerly boundary line of Collins, N. 7 deg. 21 min. E 440 feet to a point; thence N. 59 deg. 04 min. W. 163.7 feet to a point; thence S. 2 deg. 30 min. W. 85 feet; thence S. 17 deg. 30 min W. 75 feet; thence S. 36 deg. 30 min. W. 203.7 feet to a point in the center of Antioch Pike or Cane Ridge Road; thence with the center of said road, S. 47 deg. 17 min. E. 185 feet; thence continuing with the center of said Road S. 51 deg. 55 min. E. 100 feet to the point of beginning.

Being the same property conveyed to J. O. Cramer and wife, Wylie D. Cramer by deed from Katie M. Lasater as of record in Book 3673, page 139 and re-recorded in Book 3701, page 315, Register's Office for Davidson County, Tennessee.